



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/468,222
		Filing Date	December 20, 1999
		First Named Inventor	David Allen
		Art Unit	2171 JUN 07 2004
		Examiner Name	Uyen T. Le
Total Number of Pages in This Submission	20	Attorney Docket Number	2880P001C

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

Return postcard.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Judith A. Szepesi, Reg. No. 39,393 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	5/27/04	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Cathy Bachmann		
Signature		Date	5/27/04

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



EE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 158.00

Complete if Known

Application Number	09/468,222
Filing Date	December 20, 2003
First Named Inventor	David Allen
Examiner Name	Uyen T. Le
Art Unit	2171
Attorney Docket No.	2880p001c

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JUN 07 2004

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

Total Claims	38	30* =	8	X	9.00	=	\$72.00	Fee Paid
Independent Claims	5	3* =	2	X	43.00	=	\$86.00	

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			158.00

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	2053	130		2053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for ex parte reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110		2251	55	Extension for reply within first month	
	1252	420		2252	210	Extension for reply within second month	
	1253	950		2253	475	Extension for reply within third month	
	1254	1,480		2254	740	Extension for reply within fourth month	
	1255	2,010		2255	1,005	Extension for reply within fifth month	
	1404	330		2401	165	Notice of Appeal	
	1402	330		2402	165	Filing a brief in support of an appeal	
	1403	290		2403	145	Request for oral hearing	
	1451	1,510		2451	1,510	Petition to institute a public use proceeding	
	1452	110		2452	55	Petition to revive - unavoidable	
	1453	1,330		2453	665	Petition to revive - unintentional	
	1501	1,330		2501	665	Utility issue fee (or reissue)	
	1502	480		2502	240	Design issue fee	
	1503	640		2503	320	Plant issue fee	
	1460	130		2460	130	Petitions to the Commissioner	
	1807	50		1807	50	Prospecting fee under 37 CFR 1.17(q)	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	770		1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	770		2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770		2801	385	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	

Other fee (specify)

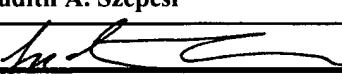
* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Judith A. Szepesi	Registration No. (Attorney/Agent)	39,393	Telephone	(408) 720-8300
Signature				Date	5/27/07